

ASHLAND HEALTH & REHAB CENTER
1319 BEASER AVE

ASHLAND 54806 Phone: (715) 682-3468
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 92
Total Licensed Bed Capacity (12/31/04): 117
Number of Residents on 12/31/04: 65

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 69

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		46.2	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		33.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.1	More Than 4 Years		20.0	
Day Services	No	Mental Illness (Org./Psy)	7.7	65 - 74	15.4			-----	
Respite Care	Yes	Mental Illness (Other)	3.1	75 - 84	23.1			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.2	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	9.2	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.5		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	10.8		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	18.5	65 & Over	96.9	-----			
Transportation	No	Cerebrovascular	12.3		-----	RNs		10.0	
Referral Service	No	Diabetes	6.2	Gender	%	LPNs		15.2	
Other Services	Yes	Respiratory	3.1	-----	-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	35.4	Male	26.2	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	73.8				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	1	11.1	375	5	10.4	142	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	166	7	10.8
Skilled Care	8	88.9	351	42	87.5	122	0	0.0	0	7	100.0	148	0	0.0	0	0	0.0	0	57	87.7
Intermediate	---	---	---	1	2.1	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		48	100.0		0	0.0		7	100.0		0	0.0		1	100.0		65	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	11.8	Bathing	4.6	80.0	15.4	65
Private Home/With Home Health	0.0	Dressing	4.6	80.0	15.4	65
Other Nursing Homes	0.0	Transferring	9.2	61.5	29.2	65
Acute Care Hospitals	86.4	Toilet Use	10.8	67.7	21.5	65
Psych. Hosp.-MR/DD Facilities	1.2	Eating	78.5	4.6	16.9	65
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.6					
Total Number of Admissions	169	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.7	Receiving Respiratory Care	4.6	
Private Home/No Home Health	25.3	Occ/Freq. Incontinent of Bladder	70.8	Receiving Tracheostomy Care	1.5	
Private Home/With Home Health	36.3	Occ/Freq. Incontinent of Bowel	58.5	Receiving Suctioning	0.0	
Other Nursing Homes	5.5			Receiving Ostomy Care	1.5	
Acute Care Hospitals	9.9	Mobility		Receiving Tube Feeding	1.5	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	35.4	
Rehabilitation Hospitals	0.0					
Other Locations	5.5	Skin Care		Other Resident Characteristics		
Deaths	17.6	With Pressure Sores	6.2	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	3.1	Medications		
(Including Deaths)	182			Receiving Psychoactive Drugs	0.0	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	59.0	81.9	0.72	86.1	0.69	85.9	0.69	88.8	0.66
Current Residents from In-County	64.6	72.8	0.89	80.1	0.81	75.1	0.86	77.4	0.83
Admissions from In-County, Still Residing	8.9	18.7	0.48	19.9	0.45	20.5	0.43	19.4	0.46
Admissions/Average Daily Census	244.9	151.4	1.62	143.3	1.71	132.0	1.86	146.5	1.67
Discharges/Average Daily Census	263.8	151.2	1.74	144.8	1.82	131.4	2.01	148.0	1.78
Discharges To Private Residence/Average Daily Census	162.3	74.0	2.19	69.4	2.34	61.0	2.66	66.9	2.43
Residents Receiving Skilled Care	98.5	95.3	1.03	95.9	1.03	95.8	1.03	89.9	1.09
Residents Aged 65 and Older	96.9	94.3	1.03	93.5	1.04	93.2	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	73.8	71.9	1.03	71.5	1.03	70.0	1.05	66.1	1.12
Private Pay Funded Residents	10.8	16.7	0.64	16.3	0.66	18.5	0.58	20.6	0.52
Developmentally Disabled Residents	0.0	0.6	0.00	0.7	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	10.8	29.5	0.36	32.1	0.34	36.6	0.29	33.6	0.32
General Medical Service Residents	35.4	23.5	1.51	21.4	1.65	19.7	1.80	21.1	1.68
Impaired ADL (Mean)	49.2	46.4	1.06	48.7	1.01	47.6	1.04	49.4	1.00
Psychological Problems	0.0	54.5	0.00	55.2	0.00	57.1	0.00	57.7	0.00
Nursing Care Required (Mean)	6.7	7.4	0.91	7.9	0.86	7.3	0.92	7.4	0.91